
STATEMENT OF RETIREMENT - ELIGIBLE SOLDIER - NOT ELIGIBLE TO REENLIST

For use of this form, see AR 635-200; the proponent agency is ODCSPER

1. My current ETS is _____
(Date)

2. I understand that I will not be eligible to reenlist following my ETS for the following reasons: *(Cite appropriate reason or regulatory authority.)*

3. I understand that, although I will be retirement eligible upon my ETS, I will be precluded from applying for retirement once I have been released from active duty.

4. I understand that I may submit my retirement application no earlier than 12 months, and no later than two months, prior to my ETS *(or desired retirement date if it is earlier than my ETS)*. If circumstances beyond my control prevent me from applying within this time frame, I understand that I must consult my commanding officer or personnel officer about requesting an exception to policy or an extension of service. *(Paragraph 12-13, AR 635-200)*.

TYPED NAME OF INDIVIDUAL	SIGNATURE	DATE
GRADE SSN		
TYPED NAME OF COMMANDING OFFICER	SIGNATURE	DATE
GRADE SSN BRANCH		